

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Dec-23

System Name: City of Rogue River ID#: 41-00712 WTP : TP - WTP-A

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day [NTU]
1	0.06	0.06	0.06	0.04	0.04	0.05	0.06
2	0.08	---	---	---	---	---	0.08
3	---	---	0.05	---	---	---	0.05
4	---	---	---	---	---	---	0.00
5	---	---	---	---	---	---	0.00
6	---	---	---	---	---	---	0.00
7	---	---	---	---	---	---	0.00
8	---	---	---	---	---	---	0.00
9	---	---	---	---	---	---	0.00
10	---	---	---	---	---	---	0.00
11	---	---	---	---	---	---	0.00
12	---	---	---	0.10	0.15	---	0.15
13	---	---	---	---	---	---	0.00
14	---	---	---	---	---	---	0.00
15	---	---	---	0.11	0.04	0.05	0.11
16	0.04	0.04	0.07	0.04	---	0.07	0.07
17	0.07	0.07	0.08	0.07	0.03	0.06	0.08
18	0.04	0.13	0.05	0.05	0.05	0.05	0.13
19	0.07	0.06	0.10	0.05	0.05	0.04	0.10
20	0.05	0.05	0.05	0.04	0.04	0.04	0.05
21	0.04	0.04	0.04	0.05	0.04	0.05	0.05
22	0.05	0.07	0.07	0.05	0.04	0.06	0.07
23	0.06	---	0.09	0.06	0.07	0.07	0.09
24	0.10	---	0.09	0.08	0.05	0.05	0.10
25	0.10	---	0.11	---	---	---	0.11
26	---	---	0.07	0.10	0.07	0.10	0.10
27	0.08	0.08	0.08	0.11	0.07	0.10	0.11
28	0.08	0.09	0.09	0.06	0.05	0.06	0.09
29	0.05	0.05	0.06	0.06	0.05	0.07	0.07
30	0.06	0.07	---	0.05	0.05	0.06	0.07
31	0.05	0.05	0.05	0.07	0.05	0.09	0.09

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE ² triggers	Yes / No		
		PRINTED NAME: Michael Bollweg	
		SIGNATURE: Michael Bollweg	DATE: 1/10/24
		PHONE #: (541) 415-1117	CERT #: 5296

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : WTP-A

System Name:	City of Rogue River	ID#: 41-00712	Month/Year:	Dec-23	Disinfection Giardia Log Inactive:	0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.95	76	72	7.1	8.0	33	YES	737
2	2.32	76	176	7.8	7.8	34	YES	744
3	1.63	76	124	9.3	7.6	27	YES	746
4								Off
5								Off
6								Off
7								Off
8								Off
9								Off
10								Off
11								Off
12	1.56	76	119	10.3	7.6	25	YES	710
13								Off
14								Off
15	0.93	76	71	9.5	7.7	25	YES	753
16	1.36	76	103	7.3	7.7	31	YES	750
17	1.34	76	102	6.7	7.5	29	YES	753
18	0.86	76	65	6.7	7.8	31	YES	746
19	0.99	76	75	8.9	7.7	27	YES	751
20	1.18	76	90	8.9	7.8	28	YES	741
21	1.09	76	83	8.6	7.8	28	YES	746
22	1.44	76	109	8.2	7.8	30	YES	738
23	1.38	76	105	7.8	7.8	31	YES	754
24	1.56	76	119	9.3	7.8	29	YES	740
25	1.76	76	134	11.4	7.7	25	YES	731
26	1.30	76	99	8.2	7.8	30	YES	740
27	1.39	76	106	8.3	7.8	30	YES	748
28	1.41	76	107	8.6	7.8	30	YES	753
29	1.37	76	104	8.4	7.8	30	YES	749
30	1.70	76	129	9.6	7.8	28	YES	750
31	1.65	76	125	9.5	7.8	28	YES	735

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:
dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350